



The William W. Backus
Hospital

RECEIVED

2004 SEP 24 PM 1:23

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

September 24, 2004

VIA HAND DELIVERY

Ms. Cristine A. Vogel
Commissioner
State of Connecticut
Office of Health Care Access
410 Capital Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: The William W. Backus Hospital
Addition of Hyperbaric Oxygen Therapy to the Backus Wound Care
Center of Eastern Connecticut

Dear Ms. Vogel:

Enclosed is an original and five (5) copies of our Letter of Intent for the addition of hyperbaric oxygen therapy to the Backus Wound Care Center of Eastern Connecticut. I am looking forward to working with your staff in the Certificate of Need process.

Please feel free to contact me at (860) 889-8331, extension 2722 should you require additional information or have any questions concerning this matter.

Sincerely,

David A. Whitehead
Vice President, Planning

RECEIVED

04 SEP 24 PM 1:33

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	The William W. Backus Hospital	
Doing Business As	The William W. Backus Hospital	
Name of Parent Corporation	Backus Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	326 Washington St. Norwich, CT 06360	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	David Whitehead VP - Planning	
Contact person's street mailing address	326 Washington St. Norwich, CT 06360	
Contact person's phone #, fax # and E-mail address	860-889-8331, ext 2722 860-892-2728 dwhitehead@wwbh.o	

	rg	
--	----	--

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Addition of Hyperbaric Oxygen Therapy to the Backus Wound Care Center of Eastern Connecticut

b. Type of Proposal, please check all that apply:

X Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | X Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):
113 Salem Turnpike
Norwich, CT

d. List all the municipalities this project is intended to serve: Norwich, Bozrah, Franklin, Salem, Montville, Ledyard, Preston, North Stonington, Voluntown, Griswold, Sprague, Lisbon, Jewett City, Scotland, Canterbury, Plainfield, Colchester, East Lyme, Groton, Mystic, New London, Niantic, Pawcatuck, Stonington, Waterford, Voluntown, Brooklyn,

Danielson, Mansfield, Plainfield, Pomfret, Putnum, Willimantic, Windham, Woodstock, Old Saybrook, Westbrook, Clinton, Essex, Deep River, Killingworth, Moudus, Malborough, Portland, Haddam, East Haddam, Chester, and Sterling.

- e. Estimated starting date for the project: January 1, 2005
- f. Type of project: 25 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$342,853
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$0
Medical Equipment (Purchase)	335,513
Imaging Equipment (Purchase)	0
Non-Medical Equipment (Purchase)	0
Sales Tax	0
Delivery & Installation	7,340
Total Capital Expenditure	\$342,853
Fair Market Value of Leased Equipment	
Total Capital Cost	\$342,853

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Perry Monoplace Hyperbaric System	Sigma	34	1	\$129,900
Perry Monoplace Hyperbaric System	Sigma	Plus	1	\$165,000
Miscellaneous Accessories			See quote	\$7,043
Transcutaneous O2 Monitoring System	TCP O2	TCM 400-6	1	\$33,570

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- X Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
- ☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
- ☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2-page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?

6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

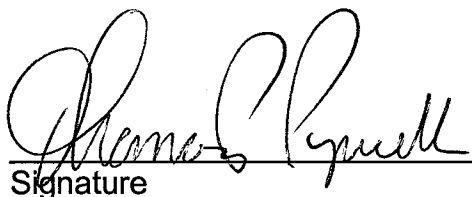
Applicant: The William W. Backus Hospital

Project Title: Addition of Hyperbaric Oxygen Therapy to the Backus Wound Care Center of Eastern Connecticut

I, Thomas P. Pipicelli, President and CEO
(Name) (Position – CEO or CFO)

of The William W. Backus Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that The William W. Backus Hospital complies with the appropriate and
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.


Signature

9/23/04
Date

Subscribed and sworn to before me on 23rd day of September 2004

Wanda B. Herrick
Notary Public/Commissioner of Superior Court

WANDA B. HERRICK
NOTARY PUBLIC
MY COMMISSION EXPIRES FEB. 28, 2005

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

Project Description

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

The Backus Wound Care Center of Eastern Connecticut ("Center"), Office of Health Care Access (OHCA) CON Determination Report Number 00-K, dated January 24, 2000, is the only Center of its kind east of the Connecticut River currently providing wound management services on an inpatient, outpatient and outreach basis. With the exception of Hyperbaric Oxygen Therapy ("HBOT"), it is a comprehensive service including laboratory and radiological assessment, infection control, wound assessment, wound debridement, surgical repair, grafts, nutritional assessment and patient education. The Hospital seeks to add HBOT at this time to enhance the wound care services provided for the benefit of the communities we serve.

The Center is operated as a department of the Hospital under the Hospital's license. The Center is currently located at 112 Lafayette Street, Norwich, CT. However, as identified in OHCA CON Determination Report Number 03-30180-DTR, dated September 18, 2003 this program will be relocated to leased space at an off-campus site located at 113 Salem Turnpike, Norwich, CT by mid-October 2004. As described in Report Number 03-30180-DTR, the Center is part of a comprehensive endocrinology program (diabetes management, endocrinology and wound care), which further documents the need for this additional service.

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

The proposed Hyperbaric Oxygen Therapy (HBOT) service is an adjunctive modality to be provided along with the conventional wound care provided by the Center staff. The Hospital proposes to establish HBOT, which includes the acquisition of two monoplace hyperbaric oxygen therapy chambers. HBOT, as defined by the Undersea Hyperbaric Medical Society, is the intermittent administration of 100% oxygen inhaled while in an enclosed system at a pressure greater than sea level. The increased pressure changes the normal cellular respiration process and causes the oxygen to dissolve in the plasma. The result of this process is a substantial increase in tissue oxygenation. This increase in tissue oxygenation is beneficial as it stimulates the growth of new blood vessels and increases oxygenation that can arrest certain types of infections and enhance wound healing. Patients who receive HBOT will typically receive treatments 5 days a week for up to 4 weeks. The HBOT session can last 90 to 120 minutes.

3. Who is the current population served and who is the target population to be served?

Individual's within the Hospital's primary and secondary service area consisting of the municipalities of Norwich, Bozrah, Franklin, Salem, Montville, Ledyard, Preston, North Stonington, Voluntown, Griswold, Sprague, Lisbon, Jewett City, Scotland, Canterbury,

Plainfield, Colchester, East Lyme, Groton, Mystic, New London, Niantic, Pawcatuck, Stonington, Waterford, Voluntown, Brooklyn, Danielson, Mansfield, Plainfield, Pomfret, Putnum, Willimantic, Windham, Woodstock, Old Saybrook, Westbrook, Clinton, Essex, Deep River, Killingworth, Moodus, Malborough, Portland, Haddam, East Haddam, Chester, and Sterling. This is the same population currently served through the Wound Care Center.

4. Identify any unmet need and how this project will fulfill that need.

There currently exists no HBOT service within the Hospital's primary or secondary service area or in all of eastern Connecticut. HBOT is the only modality in wound care missing from our current continuum of services offered to our patients at the Center. This modality would provide us with an acceptable modality to heal our most chronic wound care patients that fail conventional treatment modalities. Patients requiring wound care frequently have complicated medical problems and have many co-morbidities, including diabetes, hypertension, obesity and cardiovascular disease. It is difficult for wound treatment patients to travel long distances for treatment and compliance when the treatment regimen becomes an issue. OHCA has concluded in other decisions concerning the introduction of this modality (see Midstate Medical Center decision, Docket Number 03-30037-CON, Page 6, August 26, 2003) throughout the State "that since patients receiving HBOT treatments have complicated medical problems and are often frail, it is critical that the service be located close to the patients' town of residence." The addition of HBOT services at the Center addresses this concern and will improve both the quality and accessibility of wound care services in the region.

5. Are there any similar existing service providers in the proposed geographic area?

There are no HBOT programs in the Hospital's primary or secondary service area or in all of eastern Connecticut. Patients in this geographic area are required to travel to Hartford Hospital (40 miles) or Kent Hospital in Warwick, RI (61 miles) to receive HBOT services. This option is difficult for wound treatment patients as travel to these facilities for treatment and compliance becomes an issue. We currently have patients who would greatly benefit from HBOT therapy, yet have opted not to participate in this treatment option due to the vast amount of travel needed over the typical four week treatment regimen.

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

The addition of HBOT services will remedy a geographic barrier to access by providing this service within the Hospital's geographic service area. The proposed program will significantly improve the overall healthcare delivery system in eastern Connecticut. The quality of patient care will be greatly enhanced, as hyperbaric oxygen therapy services would be available to this region of Connecticut. This proposed program would eliminate unnecessary delays in treatment, shortens the travel distance and time between diagnosis and treatment at out of area programs and result in better care and improved outcomes.

7. Who will be responsible for providing the service?

The HBOT program will fall under the auspices of the Backus Wound Care Center of Eastern Connecticut. The proposed program's hours of operation will be 7:30AM to 6:00PM (no emergent or on call services) Monday through Friday.

8. Who are the payers of this service?

It is anticipated that the proposed payers for this program would be consistent with the current payer mix of The William W. Backus Hospital.

PERRY BAROMEDICAL CORPORATION
3660 Interstate Parkway
Riviera Beach, FL 33404

Phone: (561) 840-0395
Fax: (561) 840-0398
www.perrybaromedical.com

**PERRY BAROMEDICAL QUOTATION
FOR ONE SIGMA 34 AND ONE SIGMA PLUS**

Prepared For: William Backus Hospital
ATTN: Patricia Conwell
326 Washington St.
Norwich, CT 06360
PH 860-889-3609
pconwell@wwbh.org

Quotation Date: 09/08//2004
Quotation Num: S-903
Quotation Valid: **Through 7/30/04**
Prepared By: DS

**Please note, this pricing is valid only if
Purchase Order is received by
15-Sep-05**

PART NO.	PERRY SIGMA 34 MONOPLACE HYPERBARIC SYSTEM	Qty	List Price	Total Price
D-903160	Sigma 34 Monoplace Hyperbaric System (In accordance with Technical/Building Service Specifications TECH-34-902703,Revision E)	1	\$129,900.00	\$129,900.00
D-902537	Each Sigma 34 Chamber Includes: Wide Hydraulic Adjustable-Height Patient Transfer Gurney with Stretcher and Mattress Hydraulic height-adjustment makes patient transfer easier. Wide mattress cushion is extra thick for maximum comfort. Includes handrail assembly. (Right Hand Door Configuration is Standard. Alternate Configuration Available If Specified on Purchase Order)	1	Included	Included

PART NO.	PERRY SIGMA PLUS MONOPLACE HYPERBARIC SYSTEM	Qty	List Price	Total Price
B-901952	Sigma Plus Monoplace Hyperbaric System (In accordance with Technical/Building Service Specifications TECH-3-901620 Rev. E)	1	\$165,000.00	\$165,000.00
D-901986	Each Sigma Plus Chamber Includes: Hydraulic Adjustable Height Patient Transfer Gurney with Stretcher and Mattress Hydraulic height adjustment makes patient transfer easier. Standard mattress cushion is extra thick for maximum comfort. Stretcher back support can be adjusted from full upright full recline position. (Right Hand Door Configuration Is Standard. Alternate Configuration Available If Specified On Purchase Order At No Additional Cost.)	1	Included	Included
P-10094	Optional gurney hand rail assembly for Sigma Plus		\$1,380.00	

PERRY BAROMEDICAL CORPORATION
3660 Interstate Parkway
Riviera Beach, FL 33404

Phone: (561) 840-0395
Fax: (561) 840-0398
www.perrybaromedical.com

PART NO.	ACCESSORIES FOR PERRY SIGMA 34	Qty	List Price	Total Price
B-902679	Perry IV Penetrator and Plug Assembly Provides the through-hull interface for intravenous drug/fluid delivery.	2	\$163.90	\$327.80
D-902637	Assembly Patient Monitoring Cabling Allows connection of electrical monitoring cables between the patient and an external monitor. The penetrator comes complete with a set of mating end-connectors which can be adapted for use with various brands of monitors.		\$1,946.34	
P-2199A	Abbott Model 3HB Hyperbaric Infusion Pump Needed for the delivery of drugs/fluids during hyperbaric treatment.	1	\$4,365.00	\$4,365.00
P-10075	Abbott Hyperbaric Extension Set-#11647-48 (48 sets/case) Provides the connection point from the patient, through the hull pressure boundary.		\$545.28	
M-3158	Abbott IV Administration Set - #11155-01 (24/case) Completes the circuit from the Extension set to the IV pump.		\$419.04	
B-901981	Perry Patient Air Break Mask Assembly Provides the means to supply Medical Air to the patient for short-term air breathing. Includes demand valve, penetrator fittings, internal and external hose, and two disposable masks	1	\$898.00	\$898.00
C-3400	Chamber cover		\$300.00	
Sig3	Sigma 34 Tool Kit **Tool Kit consists of: Tool Box (1); ohmmeter and extension with small clamps (1); screwdriver 4 in 1; Allen key set (small) (1); Adjustable wrench 6", adjustable wrench 12" (1wrench each) brass brush (1); lip seal (1) B-902488		\$354.16	

PART NO.	ACCESSORIES FOR PERRY SIGMA PLUS	Qty	List Price	Total Price
B-900853	Perry IV Penetrator Assembly Provides the through-hull interface for intravenous drug/fluid delivery.	2	\$67.00	\$134.00
P-2426	19-Pin Electrical Penetrator Assembly Allows connection of electrical monitoring cables between the patient and an external monitor. The penetrator comes complete with a set of mating end-connectors which can be adapted for use with various brands of monitor.	1	\$904.66	\$904.66
P-2199A	Abbott Model 3HB Hyperbaric Infusion Pump Needed for the delivery of drugs/fluids during hyperbaric treatment.		\$4,365.00	
0075	Abbott Hyperbaric Extension Set-#11647-48 (48 sets/case)		\$545.28	

PERRY BAROMEDICAL CORPORATION
3660 Interstate Parkway
Riviera Beach, FL 33404

Phone: (561) 840-0395
Fax: (561) 840-0398
www.perrybaromedical.com

Provides the connection point from the patient, through the hull pressure boundary.

M-3158 Abbott IV Administration Set - #11155-01 (24/case)
Completes the circuit from the Extension set to the IV pump. \$419.04

PART NO.	OPTIONAL ITEMS FOR PATIENT CARE FOR SIGMA 34	Qty	List Price	Total Price
P-20230	Radiometer TCM400-1 Transcutaneous PO2 Monitor base unit with one O2 module. Newest monitor allows for evaluation, data storage and printout and has the capability of adding a total of six O2 modules.		\$12,142.00	
D-901433	Cable Assembly and penetrator for Transcutaneous Monitor Provides the connection path from tcpO2 monitor to chamber and chamber to patient monitoring cable. The penetrator is specially constructed to accept the standard monitor extension cables.		\$1,797.18	
P-3202	Perimed Transcutaneous System PF-5000 One channel tcpO2 monitor includes main unit, one tcpO2 module with electrode and accessories. Add'l modules can be added to system. Data Acquisition Software for printing reports and permanently filing Patient recordings can be added for \$995.		\$8,175.00	
P-10046A	Hyperbaric Ventilator		\$12,300.00	
P-902888	Ventilator Bracket Assembly		\$92.00	
D-902537	Add'l Hydraulic Transfer Gurney With Stretcher and Mattress		\$9,400.00	
D-903421	Armrest Assembly		\$330.00	

PART NO.	OPTIONAL ITEMS FOR PATIENT CARE FOR SIGMA PLUS	Qty	List Price	Total Price
B-902366	Perry Patient Air Break Mask Assembly Provides the means to supply Medical Air to the patient for short-term air breathing. Includes demand valve, penetrator fittings, internal and external hose, and two disposable masks.		\$846.34	
P-20230	Radiometer TCM400-1 Transcutaneous PO2 Monitor base unit with one O2 module. Newest monitor allows for evaluation, data storage and printout and has the capability of adding a total of six O2 modules.		\$10,868.00	
D-901433	Cable Assembly and penetrator for Transcutaneous Monitor Provides the connection path from monitor to chamber and chamber to patient monitoring cable. The penetrator is specially constructed to accept the standard monitor extension cables.		\$1,797.18	
202	Perimed Transcutaneous System PF-5000		\$8,175.00	

PERRY BAROMEDICAL CORPORATION
3660 Interstate Parkway
Riviera Beach, FL 33404

Phone: (561) 840-0395
Fax: (561) 840-0398
www.perrybaromedical.com

One channel tcpO2 monitor includes main unit, one tcpO2 module with electrode and accessories. Add'l modules can be added to System. Data Acquisition Software for printing reports and permanently filing Patient recordings can be added for \$995.

P-10046A	Hyperbaric Ventilator	\$12,300.00
B-902749	Ventilator Bracket Assembly	\$151.50
D-901986	Add'l Hydraulic Transfer Gurney With Stretcher and Mattress	\$9,400.00

PART NO.	ALTERNATIVE BREATHING GAS SUPPLIES	Qty	List Price	Total Price
D-902136	Air/O2 Select Manifold Enables user to quickly, easily switch the chamber pressurization gas supply between air and oxygen.		\$3,042.82	
D-901689	BIBS (Built-in Breathing System) Allows the user to pressurize the chamber with air and deliver oxygen or air through a head tent or mask system.		\$6,830.00	

INSTALLATION AND TRAINING	Qty	List Price	Total Price
Price valid for installation of one Sigma 34 and One Sigma Plus, installed at the same time.		\$4,000.00	\$4,000.00

System Installation and Start-up Including:
Operator and Maintenance Training
Two Operation and Maintenance Manuals
All Required Installation Fittings and Equipment
(Final installation pricing may vary in accordance with system location)

Based on ground floor location and adequate and unrestricted pathway from dock to room location.

The SIGMA 34 is designed, manufactured, tested and installed in accordance with the current regulations of the FDA, ASME PVHO-1, and NFPA. The customer is responsible for meeting local and state regulations regarding the installation and operation of the system.

Customer is responsible for ensuring the facility meets Technical / Building Services Specification TECH-34-902703, Revision E

FREIGHT AND DELIVERY	Qty	List Price	Total Price
Price valid for delivery of one Sigma 34 and One Sigma Plus, delivered at the same time.		\$3,300.00	\$3,300.00
Delivery FOB Riviera Beach, Florida Delivery charges to be paid by customer Allow 2-3 Months For Delivery After Receipt Of Purchase Order			

PERRY BAROMEDICAL CORPORATION
3660 Interstate Parkway
Riviera Beach, FL 33404

Phone: (561) 840-0395
Fax: (561) 840-0398
www.perrybaromedical.com

(Final freight and delivery pricing may vary in accordance with system location)

WARRANTY

One Year Warranty Is Standard
Limited Parts and Labor

PAYMENT TERMS

30% Down Payment Due With Purchase Order
60% Due 30 Days After Date Of P.O. Or Upon Delivery (whichever comes first)
10% Due Upon Installation

(Buyer shall pay all sales and use taxes attributable to the sale)

TOTAL	\$308,829.46
--------------	---------------------



™ RADIOMETER AMERICA INC. **QUOTATION**

810 Sharon Drive Westlake OH 44145

800-736-0600

Fax: 440-871-2510

www.radiometeramerica.comwww.tc-monitoring.com

Backus Memorial Hospital
 326 Washington
 Norwich, CT 06360

Rep: Chuck Kohrer

Ext. 532

Quote #: CT040831-029

Date: 8/31/2004		Quote Expiration Date: 9/30/2004		FOB: Westlake, Ohio	
Terms: Net 30				Estimated Delivery: 2-4 Weeks ARO	
<u>Item</u>	<u>Qty</u>	<u>Part #</u>	<u>Description</u>	<u>Unit Price</u>	<u>Amount</u>
1.	1	TCM400-6	Transcutaneous O ² Monitoring System	\$40,939.00	\$40,939.00
			Less AmeriNet Discount		(\$7,369.00)
Approximate freight (prepaid and added to the invoice:					\$40.00
Total:					\$33,610.00

Reviewed & Agreed Upon By:

Prices quoted are firm for 30 days from the above date and do not include federal, state, or local taxes. Minimum billing: \$50.00. Routing of shipments at shipper's discretion.

Authorized Signature By:

Al Dedel

Backus Memorial Hospital

Business Unit Manager

Quoted price includes thorough installation on premises, in-service and user training.

All Radiometer Instruments are covered by a one year warranty, unless GPO contract specifies otherwise.

The attached Radiometer America, Inc. Sales Terms and Conditions are a part of this Quotation and shall be included for all purposes as a part of the Agreement for the equipment, instruments, parts and/or services described herein.

16

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0037

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

The William W. Backus Hospital of Norwich, CT, d/b/a The William W. Backus Hospital is hereby licensed to maintain and operate a General Hospital.

The William W. Backus Hospital is located at 326 Washington Street, Norwich, CT 06360

The maximum number of beds shall not exceed at any time:

20 Bassinets

213 General Hospital beds

This license expires **March 31, 2006** and may be revoked for cause at any time.

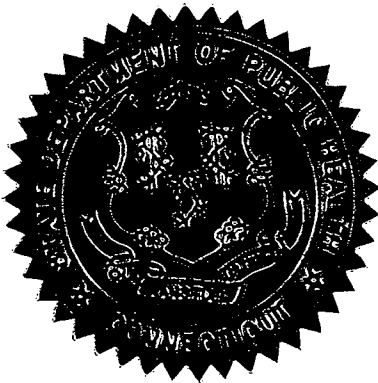
Dated at Hartford, Connecticut, April 1, 2004.

License revised to reflect:

*Removed (2) Satellites effective 8/4/04

Satellites

Backus Infectious Disease & Std Clinics, 107 Lafayette Street, Norwich, CT
Mobile Health Resource Van, Colchester Town Hall, Colchester, CT



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner